

[illegible]

INSTRUCTIONS TO COMPLETE MENTAL HEALTH COMPONENT WORKSHEET

PROVIDER NAME: Enter the provider/licensee name shown on the Group Home Program Rate Application (SR 1).

PROGRAM NUMBER: For an Annual or Program Change, enter the number previously assigned by DSS. For an Initial, leave blank.

MONTH/YEAR: Month and year for hours worked.

MENTAL HEALTH PROFESSIONAL NAME: List names of all mental health professionals (payroll or contract) who are providing treatment services for the month. Professional staff providing treatment services may be one of the following: psychiatrist, psychologist, MFT or LCSW.

COLUMN (A) - DIRECT MENTAL HEALTH HOURS WORKED

Enter the number of hours of mental health services provided, either individually to a child or to a group of children.

COLUMN (B) - MENTAL HEALTH PROFESSIONAL LEVEL

Enter the weighting for each staff member according to his/her respective professional level.

Example: If the service is provided by a psychiatrist, enter 5.0 points under Column (B) - Psychiatrist.

COLUMN (C) - MENTAL HEALTH WEIGHTED HOURS

Multiply Column (A) times Column (B), enter the total.

COLUMN (A) - GRAND TOTAL

Enter the total Direct Mental Health Hours worked; transfer to SR 2, Column (8).

COLUMN (C) - GRAND TOTAL

Enter the Total Weighted Hours; transfer to SR 2, Column (9).